

DO NOT SEND THIS FORM OR FEES TO STATE OHC – RETAIN IN YOUR CHAPTER



Ohio Horseman's Council, Inc.
Multiple Chapter (Secondary) Application - Year 20__
(Membership Year is from January 1 to December 31)

Lorain County Chapter

() **New Secondary Member** () **Previous Secondary Member**

Please Print clearly or type

Name: _____ Age: _____ Phone: () _____

Spouse/Partner/Other: _____ Age: _____ Cell Phone: () _____

Address: _____ City: _____ State: ____ Zip: ____

Address Above is a Change of Address

Email: _____ Secondary Member's **Primary Chapter**: _____

Other Secondary Members (Dependents) from your household (**Family** Secondary Membership Only):

_____; _____; _____; _____
(Name) (Age) (Name) (Age) (Name) (Age) (Name) (Age)

MULTIPLE (SECONDARY) MEMBERSHIP			
Type <i>(Please check appropriate box)</i>	Membership Fee	Chapter Charge	Total
<input type="checkbox"/> Individual (18 or older; No dependents)	\$3.00	\$10.00	\$13.00
<input type="checkbox"/> Family (Spouse/Partner/Other and/or dependents)	\$5.00	\$10.00	\$15.00

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

Make checks payable to: Lorain County OHC
Send to: Ron Hoover, Treasurer
4709 Beat Road
Litchfield, OH 44253

Secondary Membership Card Issued By: _____ Date: _____

Secondary Membership Application & Membership Fee received by OHC Chapter Officer: _____ Check #: _____ Cash: _____ Date: _____
(Initial)